

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2		1				
3		1				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	11	↔		↔		↔
TOTAL CLAIMS	13	↔		↔		↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		↓			↓			↓
TOTAL DEP.		↔		↔			↔	↔
TOTAL CLAIMS		↔		↔			↔	↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS